

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**99AR**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morthorn  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **m95022**

1. Corporation Name  
**Indian River Bend Construction Co.**

2. Principal Office Address  
**2900 North Military Trail  
 Suite #200  
 Boca Raton, FL 33431**

If above information is incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

**8/19/88**

5. FEI Number  
**650113850**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|----------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------|
| P/D/S    | Peter M. Burgess                     | 2900 N, Military Trail Suite #200                                                      | Boca Raton, FL 33431  |
|          |                                      |                                                                                        |                       |
|          |                                      |                                                                                        |                       |
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500002873635--8  
 -05/13/99--01048--013  
 \*\*\*\*150.00 \*\*\*\*150.00

500002873635--8  
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8. Name and Address of Current Registered Agent

9. Name and Address of ~~Non-Registered~~ Agent \*\*\*\*\*8.75

**Maximilien Rafael Karyo  
 Fortain & Karyo, PA  
 370 W. Camino Gardens Blvd.  
 Suite #403  
 Boca Raton, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State

Zip Code

**FL**

10. I hereby appointed this registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Max Karyo*

REGISTERED AGENT MUST SIGN

Date **May 21 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER M. BURGESS**  
**PRESIDENT**

Date **6/13/98** (661)

Daytime Phone #

**241 3200**

CR25040 (1/96)